



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="355025.32"/>	<input type="text" value="355025.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="360241.29"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="92832.55"/>	<input type="text" value="766606.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="453073.84"/>	<input type="text" value="1121632.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="84482.37"/>	<input type="text" value="753040.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="368591.47"/>	<input type="text" value="368591.47"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Health Care Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	83778.09	679293.67
(ii) Unitemized .....	2781.42	31451.31
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	86559.51	710744.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	91559.51	730744.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1273.04	12361.89
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	21500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	92832.55	766606.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	92832.55	766606.87

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1482.37	13852.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1482.37	13852.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75500.00	716295.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	7500.00	17893.14
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	7500.00	17893.14
29. Other Disbursements .....	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	84482.37	753040.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84482.37	753040.72

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	91559.51	730744.98
34. Total Contribution Refunds (from Line 28(d)) .....	7500.00	17893.14
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	84059.51	712851.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1482.37	13852.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1273.04	12361.89
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	209.33	1490.69

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Ron Aidikonis</b>		Date of Receipt MM / DD / YYYY 07 / 26 / 2012 <b>Transaction ID : C1796370</b>
Mailing Address 2120 Somerset Ln		Amount of Each Receipt this Period 250.00
City Mundelein	State IL	Zip Code 60060-5342
FEC ID number of contributing federal political committee. C		
Name of Employer Medline Industries, Inc.	Occupation Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Gene Alfonsi</b>		Date of Receipt MM / DD / YYYY 07 / 26 / 2012 <b>Transaction ID : C1798985</b>
Mailing Address 200 Days Drive		Amount of Each Receipt this Period 250.00
City Sutton	State WV	Zip Code 26601
FEC ID number of contributing federal political committee. C		
Name of Employer Braxton Healthcare and Rehabilitation	Occupation President/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Scott James Allen</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2012 <b>Transaction ID : C1797581</b>
Mailing Address 209 West Osborne Ave		Amount of Each Receipt this Period 45.50
City Tampa	State FL	Zip Code 33603
FEC ID number of contributing federal political committee. C		
Name of Employer Healthcare Navigator	Occupation Vice President, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	545.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Stacie Aman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5124 27th Rd N  
City Arlington State VA Zip Code 22207-1723  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation Senior Director, Political Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 577.05

Date of Receipt 07 / 24 / 2012  
Transaction ID : **C1796344**  
Amount of Each Receipt this Period 76.94  
\* Payroll Deduction: \$38.47 Biweekly

**B. Gary D Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6618 McMakin Court  
City Colleyville State TX Zip Code 76034-5752  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Preferred Care Partners Mgmt Group Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 26 / 2012  
Transaction ID : **C1796490**  
Amount of Each Receipt this Period 2500.00

**C. Scott Averill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 700 W. 7th St.  
City Overbrook State KS Zip Code 66524  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brookside and Wellsville Retirement Co Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 30 / 2012  
Transaction ID : **C1799781**  
Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3076.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Mary Baker**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1129

City Turlock State CA Zip Code 95381

FEC ID number of contributing federal political committee. **C**

Name of Employer Mark One Corp. Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt **07 / 20 / 2012**

**Transaction ID : C1791953**

Amount of Each Receipt this Period **1250.00**

**B. John Barber**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 E Main St

City Spartanburg State SC Zip Code 29306-5113

FEC ID number of contributing federal political committee. **C**

Name of Employer White Oak Management, Inc. Occupation Executive VP/CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **07 / 23 / 2012**

**Transaction ID : C1793829**

Amount of Each Receipt this Period **2500.00**

**C. Harry Baum**  
Full Name (Last, First, Middle Initial)

Mailing Address 8300 NW Eastside Drive

City Weatherby Lake State MO Zip Code 64152

FEC ID number of contributing federal political committee. **C**

Name of Employer Sharon Lane Nursing Home Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1875.00**

Date of Receipt **07 / 25 / 2012**

**Transaction ID : C1795931**

Amount of Each Receipt this Period **625.00**

**SUBTOTAL** of Receipts This Page (optional)..... **4375.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Barbara Baylis**  
Full Name (Last, First, Middle Initial)

Mailing Address 7212 Deer Ridge Rs

City Prospect State KY Zip Code 40059

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Health Care Occupation SVP Clinical Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2012

**Transaction ID : C1795918**

Amount of Each Receipt this Period  
 250.00

**B. Elton Beebe Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Bruton Springs Road

City Austin State TX Zip Code 78733

FEC ID number of contributing federal political committee. **C**

Name of Employer Burnt Tavern Rehabilitation HealthCare Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C1796493**

Amount of Each Receipt this Period  
 1250.00

**C. Harold Beebe**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Northtown Dr Ste 202

City Jackson State MS Zip Code 39211-3018

FEC ID number of contributing federal political committee. **C**

Name of Employer Delco Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : C1791947**

Amount of Each Receipt this Period  
 275.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 57  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Lyn C. Bentley**

Mailing Address 2212 Hidden Valley Ln

City State Zip Code  
 Silver Spring MD 20904-5240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 American Health Care Association Senior Director, Regulatory Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2012

**Transaction ID : C1796345**

Amount of Each Receipt this Period  
 40.00

\* Payroll Deduction: \$20.00 Biweekly

Full Name (Last, First, Middle Initial)  
**B. Orlando Bisbano Jr.**

Mailing Address 135 Tripps Ln

City State Zip Code  
 Riverside RI 02915-3017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Orchard View Manor and Rehab Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2012

**Transaction ID : C1795932**

Amount of Each Receipt this Period  
 375.00

Full Name (Last, First, Middle Initial)  
**C. Linda Black-Kurek**

Mailing Address 7445 Liberty Woods Lane

City State Zip Code  
 Dayton OH 45459-3911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Liberty Health Care Corporation Nursing Home Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C1793828**

Amount of Each Receipt this Period  
 1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1665.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Susan S. Bourgogne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1018 South Union Street  
 City Opelousas State LA Zip Code 70570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Magnolia Management Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2012  
**Transaction ID : C1795927**  
 Amount of Each Receipt this Period 250.00

**B. Christopher R. Bryson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 Jeurgens Court  
 City Norcross State GA Zip Code 30096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHS-Pruitt Corporation, Inc. Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 30 / 2012  
**Transaction ID : C1797613**  
 Amount of Each Receipt this Period 250.00

**C. Douglas Burr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1185 Wilde Run Court  
 City Roswell State GA Zip Code 30075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cypress Administrative Services, LLC Occupation Vice President, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 07 / 25 / 2012  
**Transaction ID : C1795944**  
 Amount of Each Receipt this Period 275.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Teresa Cagnolatti</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2012 <b>Transaction ID : C1795933</b>
Mailing Address 2201 Wilson Blvd Apt 620		Amount of Each Receipt this Period 250.00
City Arlington	State VA	
Zip Code 22201		Aggregate Year-to-Date ▼ 750.00
FEC ID number of contributing federal political committee. C		
Name of Employer American Health Care Association	Occupation Senior Director, Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Robert M. Chur</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 <b>Transaction ID : C1795926</b>
Mailing Address 7 Limestone Dr		Amount of Each Receipt this Period 1250.00
City Williamsville	State NY	
Zip Code 14221-7051		Aggregate Year-to-Date ▼ 3750.00
FEC ID number of contributing federal political committee. C		
Name of Employer Elderwood Senior Care	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Tom Coble</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2012 <b>Transaction ID : C1788488</b>
Mailing Address 717 Franklin Dr		Amount of Each Receipt this Period 5000.00
City Ardmore	State OK	
Zip Code 73401-1091		Aggregate Year-to-Date ▼ 5000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Elmbrook Management Company	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. RaeAnne Davis</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2012 <b>Transaction ID : C1788885</b>
Mailing Address 9801 La Duke Drive		Amount of Each Receipt this Period 875.00
City Kensington	State MD	Zip Code 20895
FEC ID number of contributing federal political committee. C	Name of Employer American Health Care Association	Occupation Chief Strategic Officer & Senior VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

Full Name (Last, First, Middle Initial) <b>B. Anthony Durante</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2012 <b>Transaction ID : C1795936</b>
Mailing Address 26 North Broadway		Amount of Each Receipt this Period 625.00
City Schenectady	State NY	Zip Code 12305
FEC ID number of contributing federal political committee. C	Name of Employer DMN Management Services	Occupation Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas East</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2012 <b>Transaction ID : C1788699</b>
Mailing Address 2406 Olde Salem Drive		Amount of Each Receipt this Period 250.00
City Salem	State VA	Zip Code 24153
FEC ID number of contributing federal political committee. C	Name of Employer American HealthCare, LLC	Occupation VP of Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Joanne E Erickson**  
Full Name (Last, First, Middle Initial)

Mailing Address 911 S Randolph St

City Arlington State VA Zip Code 22204-1564

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Editor in Chief, Provider Magazine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 24 / 2012**

**Transaction ID : C1796347**

Amount of Each Receipt this Period **76.94**

\* Payroll Deduction: \$38.47 Biweekly

**B. Patrick Fairbanks**  
Full Name (Last, First, Middle Initial)

Mailing Address 19915 Nina St.

City Omaha State NE Zip Code 68130

FEC ID number of contributing federal political committee. **C**

Name of Employer Vetter Health Services Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 17 / 2012**

**Transaction ID : C1788862**

Amount of Each Receipt this Period **250.00**

**C. Scott Franklin**  
Full Name (Last, First, Middle Initial)

Mailing Address 62 County Road 2005

City Clarksville State TX Zip Code 75426-6816

FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 12 / 2012**

**Transaction ID : C1788495**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **826.94**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. David Gifford**  
Full Name (Last, First, Middle Initial)

Mailing Address 81 Kenyon Ave

City East Greenwich State RI Zip Code 02818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Senior Vice President, Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 23 / 2012  
**Transaction ID : C1793816**

Amount of Each Receipt this Period 1000.00

**B. James H. Gomez**  
Full Name (Last, First, Middle Initial)

Mailing Address 2201 K St

City Sacramento State CA Zip Code 95816-4922

FEC ID number of contributing federal political committee. **C**

Name of Employer CA Association of Health Facilities Occupation CEO/President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 25 / 2012  
**Transaction ID : C1795934**

Amount of Each Receipt this Period 250.00

**C. Don Gormly**  
Full Name (Last, First, Middle Initial)

Mailing Address 17011 Beach Blvd Ste 1130

City Huntington Beach State CA Zip Code 92647

FEC ID number of contributing federal political committee. **C**

Name of Employer Anberry Rehab Hospital Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 25 / 2012  
**Transaction ID : C1795945**

Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Alan Graham**

Mailing Address 182 West Edge Drive

City Huntsville State TX Zip Code 77340

FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health Corporation Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2012

**Transaction ID : C1776302**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Howard Groff**

Mailing Address 7400 West 109th St.

City Bloomington State MN Zip Code 55438

FEC ID number of contributing federal political committee. **C**

Name of Employer Tealwood Care Centers, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : C1796371**

Amount of Each Receipt this Period  
1250.00

Full Name (Last, First, Middle Initial)  
**C. Vicki Groff**

Mailing Address 11337 Louisiana Cir

City Bloomington State MN Zip Code 55438-2827

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : C1788487**

Amount of Each Receipt this Period  
291.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2041.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Richard Herrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Elk Street

City Albany State NY Zip Code 12207

FEC ID number of contributing federal political committee. **C**

Name of Employer NYS Health Facilities Association Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 30 / 2012**

**Transaction ID : C1797614**

Amount of Each Receipt this Period  
**250.00**

**B. Robin L. Hillier**  
Full Name (Last, First, Middle Initial)

Mailing Address 4433 Pebble Creek Ln

City Long Grove State IL Zip Code 60047-5283

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Point Rehab & Nursing Center Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 25 / 2012**

**Transaction ID : C1795946**

Amount of Each Receipt this Period  
**1250.00**

**C. Matthew Hilty**  
Full Name (Last, First, Middle Initial)

Mailing Address 25117 SW Parkway

City Wilsonville State OR Zip Code 97070

FEC ID number of contributing federal political committee. **C**

Name of Employer Avamere Health Services Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 11 / 2012**

**Transaction ID : C1787104**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **6500.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Lucille Holderman**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 N Pine St

City Garnett State KS Zip Code 66032-1134

FEC ID number of contributing federal political committee. **C**

Name of Employer Vetter Health Services Occupation Nursing Home Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 17 / 2012**

**Transaction ID : C1788880**

Amount of Each Receipt this Period **125.00**

**B. Jeffrey N Hyatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 N 39th Ave

City Yakima State WA Zip Code 98902-6343

FEC ID number of contributing federal political committee. **C**

Name of Employer Hyatt Family Facilities Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt **07 / 17 / 2012**

**Transaction ID : C1788882**

Amount of Each Receipt this Period **250.00**

**C. Jennifer S Knorr Hahs**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 N Randolph St Apt 1927

City Arlington State VA Zip Code 22203-4082

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation Manager, Political Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.02**

Date of Receipt **07 / 24 / 2012**

**Transaction ID : C1796349**

Amount of Each Receipt this Period **53.66**

\* Payroll Deduction: \$26.83 Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **428.66**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. David A Kylo</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2012 <b>Transaction ID : C1796350</b>
Mailing Address 4621 28th Road South		Amount of Each Receipt this Period 192.32
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C		
Name of Employer National Center for Assisted Living	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.24	* Payroll Deduction: \$96.16 Biweekly

Full Name (Last, First, Middle Initial) <b>B. William Levering</b>		Date of Receipt MM / DD / YYYY 07 / 12 / 2012 <b>Transaction ID : C1788494</b>
Mailing Address 201 North Main Street		Amount of Each Receipt this Period 1500.00
City Mount Vernon	State OH	Zip Code 43050
FEC ID number of contributing federal political committee. C		
Name of Employer Levering Management Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Martin Liebman</b>		Date of Receipt MM / DD / YYYY 07 / 16 / 2012 <b>Transaction ID : C1791956</b>
Mailing Address 1381 Sally Court		Amount of Each Receipt this Period 250.00
City East Meadow	State NY	Zip Code 11554
FEC ID number of contributing federal political committee. C		
Name of Employer Grand Manor Nursing & Rehab Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1942.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. R. Peter Madel Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 8th St NW  
 City Waseca State MN Zip Code 56093-1912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lake Shore Inn Nursing Home Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 07 / 30 / 2012  
**Transaction ID : C1798984**  
 Amount of Each Receipt this Period 275.00

**B. Bethany R Martino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8559 Window Latch Way  
 City Columbia State MD Zip Code 21045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Director, Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 24 / 2012  
**Transaction ID : C1796351**  
 Amount of Each Receipt this Period 40.00  
 \* Payroll Deduction: \$20.00 Biweekly

**C. Patrick Martone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 North Broadway  
 City Schenectady State NY Zip Code 12305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hallmark Nursing Centre, Inc. Occupation Administrator and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 07 / 25 / 2012  
**Transaction ID : C1795947**  
 Amount of Each Receipt this Period 625.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	940.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Jeffery Mathews**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 South 400 East

City Bountiful State UT Zip Code 84010

FEC ID number of contributing federal political committee. **C**

Name of Employer 24-7 Care and Rehab Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 26 / 2012**

**Transaction ID : C1796374**

Amount of Each Receipt this Period  
**1250.00**

**B. Jill Mendlen**  
Full Name (Last, First, Middle Initial)

Mailing Address 6155 Cornerstone Center East Suite 220

City San Diego State CA Zip Code 92121-4737

FEC ID number of contributing federal political committee. **C**

Name of Employer LightBridge Hospice & Palliative Care Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 24 / 2012**

**Transaction ID : C1794147**

Amount of Each Receipt this Period  
**500.00**

**C. Stephen Morrisette**  
Full Name (Last, First, Middle Initial)

Mailing Address 2112 W Laburnum Ave Ste 206

City Richmond State VA Zip Code 23227-4358

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Health Care Association Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 02 / 2012**

**Transaction ID : C1782746**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2750.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael Morton**

Mailing Address 415 Rogers Avenue

City State Zip Code  
Fort Smith AR 72901-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Central Arkansas Nursing Centers Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2012  
**Transaction ID : C1791954**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Steven Mulder**

Mailing Address 7300 Del Prado Cir S

City State Zip Code  
Boca Raton FL 33433-3386

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Whitehall Boca Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2012  
**Transaction ID : C1798986**

Amount of Each Receipt this Period  
275.00

Full Name (Last, First, Middle Initial)  
**C. Jeff Myers**

Mailing Address 7704 Georgetown Pike

City State Zip Code  
Mc Lean VA 22102-1431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Health Care Association Senior Vice President, Govt. Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012  
**Transaction ID : C1799006**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10275.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 57  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Timothy F Nicholson**

Mailing Address 15 Ocean Harbour Cir

City Ocean Ridge State FL Zip Code 33435-6207

FEC ID number of contributing federal political committee. **C**

Name of Employer Lyric Health Care Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 24 / 2012**

**Transaction ID : C1794148**

Amount of Each Receipt this Period  
**1250.00**

Full Name (Last, First, Middle Initial)  
**B. Joe Okruhlica**

Mailing Address 1155 Eastern Pkwy

City Louisville State KY Zip Code 40217-1401

FEC ID number of contributing federal political committee. **C**

Name of Employer Parkway Medical Center Occupation Owner/Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 26 / 2012**

**Transaction ID : C1796375**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Mark V Parkinson**

Mailing Address 8930 Harvest Square Ct

City Potomac State MD Zip Code 20854-4475

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 24 / 2012**

**Transaction ID : C1796354**

Amount of Each Receipt this Period  
**400.00**

\* Payroll Deduction: \$200.00 Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1900.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Neil L. Pruitt Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1626 Jeurgens Ct  
City Norcross State GA Zip Code 30093-2219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UHS-Pruitt Corporation, Inc. Occupation Chairman & CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 25 / 2012  
Transaction ID : **C1795939**  
Amount of Each Receipt this Period 1250.00

**B. Sharon C Purvis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7805 Sycamore Drive  
City Falls Church State VA Zip Code 22042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Health Care Association Occupation Senior Director, Vendor Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 238.10

Date of Receipt 07 / 24 / 2012  
Transaction ID : **C1796357**  
Amount of Each Receipt this Period 47.62  
\* Payroll Deduction: \$23.81 Biweekly

**C. Sally Rapp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3308 Ocean Bld # 280  
City Corona Del Mar State CA Zip Code 92625  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SR Management Svcs. Inc. Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 26 / 2012  
Transaction ID : **C1796488**  
Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 2547.62  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Jon Reardon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Weiss Street

City Saginaw State MI Zip Code 48602-5471

FEC ID number of contributing federal political committee. **C**

Name of Employer Hoyt Nursing & Rehab Centre Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 23 / 2012**

**Transaction ID : C1794143**

Amount of Each Receipt this Period  
**242.00**

**B. Shari Richey**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Southwood Drive

City Henderson State TX Zip Code 75652

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwood Nursing & Rehab Center Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : C1779125**

Amount of Each Receipt this Period  
**500.00**

**C. Emmett Riner**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 391

City Naples State TX Zip Code 75568

FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion Health, Inc. Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 02 / 2012**

**Transaction ID : C1776299**

Amount of Each Receipt this Period  
**145.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>887.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Clinton Robertson**

Mailing Address 450 S 400 E  
Ste 200

City Bountiful State UT Zip Code 84010-5094

FEC ID number of contributing federal political committee. **C**

Name of Employer 24-7 Care and Rehab, Inc. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2012  
**Transaction ID : C1788879**

Amount of Each Receipt this Period  
1250.00

Full Name (Last, First, Middle Initial)  
**B. James Robinson**

Mailing Address 1980 Olive Street

City Baton Rouge State LA Zip Code 70806

FEC ID number of contributing federal political committee. **C**

Name of Employer Nexion, Inc Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2012  
**Transaction ID : C1776298**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Frank Romano**

Mailing Address 57 Summer St

City Rowley State MA Zip Code 01969-1835

FEC ID number of contributing federal political committee. **C**

Name of Employer Essex Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2012  
**Transaction ID : C1796368**

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Jesse Samples**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 451 Truman Rd  
 City Franklin State TN Zip Code 37064-8322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Health Care Association Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.00**

Date of Receipt **07 / 11 / 2012**  
**Transaction ID : C1788489**  
 Amount of Each Receipt this Period **375.00**

**B. Jerry Sams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3316 Pecan Grove Lane  
 City Alma State AR Zip Code 72921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Arkansas Nursing Occupation CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **07 / 16 / 2012**  
**Transaction ID : C1793830**  
 Amount of Each Receipt this Period **5000.00**

**C. Maryanne Sapio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1324 South Kenmore Circle  
 City Arlington State VA Zip Code 22204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Senior Director, Government Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **577.05**

Date of Receipt **07 / 24 / 2012**  
**Transaction ID : C1796359**  
 Amount of Each Receipt this Period **76.94**  
 \* Payroll Deduction: \$38.47 Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **5451.94**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Michael Scharfenberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7265 Kenwood Road # 300  
 City Cincinnati State OH Zip Code 45236-4414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nursing Care Management Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **412.50**

Date of Receipt **07 / 30 / 2012**  
**Transaction ID : C1799780**  
 Amount of Each Receipt this Period **137.50**

**B. Shawn Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8106 Boulder Ct.  
 City Long Grove State IL Zip Code 60047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medline Industries Occupation Senior VP HC Corporate Sales  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 25 / 2012**  
**Transaction ID : C1795942**  
 Amount of Each Receipt this Period **250.00**

**C. Jennifer Shimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9507 Shelly Krasnow Ln  
 City Fairfax State VA Zip Code 22031-4720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation COO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.11**

Date of Receipt **07 / 24 / 2012**  
**Transaction ID : C1796361**  
 Amount of Each Receipt this Period **76.94**  
 \* Payroll Deduction: \$38.47 Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... **464.44**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Robert Siebel**  
Full Name (Last, First, Middle Initial)

Mailing Address 13185 W Great Mountain Drive

City Lakewood	State CO	Zip Code 80228
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Carriage Healthcare Companies, Inc.	Occupation President
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

**Transaction ID : C1795940**

Amount of Each Receipt this Period  

1250.00
---------

**B. Elise Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 2022 Columbia Rd NW

City Washington	State DC	Zip Code 20009-1323
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association	Occupation VP Reimbursement
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2012

**Transaction ID : C1797616**

Amount of Each Receipt this Period  

125.00
--------

**C. Greg Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 13802 Fairway Lane

City Goshen	State KY	Zip Code 40026
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Medline HealthCare Company	Occupation LTC Sales
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

**Transaction ID : C1795943**

Amount of Each Receipt this Period  

250.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1625.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Matthew D. Smyth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2405 I St NW  
 City Washington State DC Zip Code 20037-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Health Care Association Occupation Director of Grassroots  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 24 / 2012  
**Transaction ID : C1796362**  
 Amount of Each Receipt this Period 38.48  
 \* Payroll Deduction: \$19.24 Biweekly

**B. Brad Stebbins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 East Whaley  
 City Longview State TX Zip Code 75601-6525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stebbins Five Companies Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3333.00

Date of Receipt 07 / 23 / 2012  
**Transaction ID : C1796496**  
 Amount of Each Receipt this Period 1667.00

**C. Jan Thayer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2307 Stagecoach Rd.  
 City Grand Island State NE Zip Code 68801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverside Lodge Retirement Community Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 07 / 23 / 2012  
**Transaction ID : C1796494**  
 Amount of Each Receipt this Period 1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2955.48  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Michael Torgan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5120 West Goldleaf Circle  
# 400

City Los Angeles State CA Zip Code 90056-1297

FEC ID number of contributing federal political committee. **C**

Name of Employer Country Villa Health Services Occupation Vice President, Customer Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1875.00

Date of Receipt  
07 / 26 / 2012  
**Transaction ID : C1796373**

Amount of Each Receipt this Period  
625.00

**B. Lisa Toti**  
Full Name (Last, First, Middle Initial)

Mailing Address 2140 River Oaks Drive

City Salem State VA Zip Code 24153

FEC ID number of contributing federal political committee. **C**

Name of Employer American HealthCare, LLC Occupation Chief Administrative Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
07 / 18 / 2012  
**Transaction ID : C1789420**

Amount of Each Receipt this Period  
200.00

**C. Muoi Tran**  
Full Name (Last, First, Middle Initial)

Mailing Address 204 W Nash St

City Terrell State TX Zip Code 75160-2607

FEC ID number of contributing federal political committee. **C**

Name of Employer Terrell Healthcare Center Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 02 / 2012  
**Transaction ID : C1776304**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1325.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Bill Ulrich**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 S Freya, Suite 119

City Spokane State WA Zip Code 99202

FEC ID number of contributing federal political committee. **C**

Name of Employer Consolidated Billing Services Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **667.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : C1791955**

Amount of Each Receipt this Period  
**334.00**

**B. James W. Unverferth**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Shawnee Rd

City Lima State OH Zip Code 45805-3529

FEC ID number of contributing federal political committee. **C**

Name of Employer HCF Management, Inc. Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 25 / 2012**

**Transaction ID : C1795941**

Amount of Each Receipt this Period  
**1250.00**

**C. Jack Vetter**  
Full Name (Last, First, Middle Initial)

Mailing Address 20220 Harney Street

City Elkhorn State NE Zip Code 68022

FEC ID number of contributing federal political committee. **C**

Name of Employer Vetter Health Services Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 23 / 2012**

**Transaction ID : C1794140**

Amount of Each Receipt this Period  
**1250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2834.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Paula Warren**

Mailing Address 3301 Alabama Ave

City Alexandria	State VA	Zip Code 22305
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Health Care Association	Occupation CIO
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 17 / 2012**

**Transaction ID : C1788884**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Brett Waters**

Mailing Address 2416 Mesa St.

City Idaho Falls	State ID	Zip Code 83401
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer New Beginnings Community Living Home	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 17 / 2012**

**Transaction ID : C1788883**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. James R. Westbury Sr.**

Mailing Address 922 McDonough Road

City Jackson	State GA	Zip Code 30233-1522
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Westbury Medical Care Home Inc	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **733.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 20 / 2012**

**Transaction ID : C1791950**

Amount of Each Receipt this Period  
**367.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>867.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Alan Zuccari**  
Full Name (Last, First, Middle Initial)

Mailing Address 7712 Carlton Place

City Mclean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Hamilton Insurance Agency Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3125.00

Date of Receipt 07 / 20 / 2012  
**Transaction ID : C1791951**

Amount of Each Receipt this Period 1875.00

**B. Clear Choice Health Care LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 709 South Harbor City Boulevard Suite 240

City Melbourne State FL Zip Code 32901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 23 / 2012  
**Transaction ID : C1788573**

Amount of Each Receipt this Period 5000.00

PARTNERSHIP--partners below if itemized

**C. Jeffrey Cleveland**  
Full Name (Last, First, Middle Initial)

Mailing Address 709 South Harbor City Boulevard Suite 240

City Melbourne State FL Zip Code 32901

FEC ID number of contributing federal political committee. **C**

Name of Employer Clear Choice Health Care, LLC Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 23 / 2012  
**Transaction ID : C1788577**

Amount of Each Receipt this Period 1250.00

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6875.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Geoffrey Fraser**

Mailing Address 709 South Harbor City Boulevard  
Suite 240

City Melbourne State FL Zip Code 32901

FEC ID number of contributing federal political committee. **C**

Name of Employer Clear Choice Health Care, LLC Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
07 / 23 / 2012  
Transaction ID : C1788578

Amount of Each Receipt this Period  
1250.00

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**B. Samuel Kellett**

Mailing Address 709 South Harbor City Boulevard  
Suite 240

City Melbourne State FL Zip Code 32901

FEC ID number of contributing federal political committee. **C**

Name of Employer Clear Choice Health Care, LLC Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
07 / 23 / 2012  
Transaction ID : C1788576

Amount of Each Receipt this Period  
1250.00

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**C. Deborah P Kennedy**

Mailing Address 709 South Harbor City Boulevard  
Suite 240

City Melbourne State FL Zip Code 32901

FEC ID number of contributing federal political committee. **C**

Name of Employer Clear Choice Health Care, LLC Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
07 / 23 / 2012  
Transaction ID : C1788579

Amount of Each Receipt this Period  
1250.00

[MEMO ITEM]  
\*

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Trend Consultants**

Mailing Address 323 Highland Boulevard

City Natchez State MS Zip Code 39120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2012  
**Transaction ID : C1794141**

Amount of Each Receipt this Period  
 1250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**B. Bruce Kelly**

Mailing Address 323 Highland Blvd

City Natchez State MS Zip Code 39120-4635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Trend Consultants Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2012  
**Transaction ID : C1796256**

Amount of Each Receipt this Period  
 625.00

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**C. Rita Kelly**

Mailing Address 323 Highland Boulevard

City Natchez State MS Zip Code 39120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Trend Consultants Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2012  
**Transaction ID : C1796257**

Amount of Each Receipt this Period  
 625.00

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. LAG Associates LP Managers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8028 Ritchie Hwy  
 Ste 210  
 City Pasadena State MD Zip Code 21122-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2012  
**Transaction ID : C1794142**  
 Amount of Each Receipt this Period  
 1250.00  
 PARTNERSHIP--partners below if itemized

**B. Gary Attman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8028 Ritchie Highway  
 City Pasadena State MD Zip Code 21122-1069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LAG Associates LP Managers Owner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2012  
**Transaction ID : C1796258**  
 Amount of Each Receipt this Period  
 1250.00  
 [MEMO ITEM]  
 \*

**C. Millenium Health Systems LLC dba Nuvision Management**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5310 NW 33rd Ave  
 Ste 211  
 City Fort Lauderdale State FL Zip Code 33309-6319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2012  
**Transaction ID : C1796342**  
 Amount of Each Receipt this Period  
 1250.00  
 PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Barry Kantrowitz</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2012
Mailing Address 5310 NW 35th Ave Ste 211		Transaction ID : C1796503
City Fort Lauderdale	State FL	Zip Code 33309-6314
FEC ID number of contributing federal political committee.	C	
Name of Employer NuVision Management	Occupation Partner	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.80	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>B. Keith Kroeger</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2012
Mailing Address 5310 NW 33rd Ave # 211		Transaction ID : C1796504
City Fort Lauderdale	State FL	Zip Code 33309-6312
FEC ID number of contributing federal political committee.	C	
Name of Employer Millennium Health Systems LLC	Occupation Partner	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.54	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) <b>C. Howard Lipschutz</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2012
Mailing Address 1304 Laurel Oak Rd		Transaction ID : C1796502
City Voorhees	State NJ	Zip Code 08043-4310
FEC ID number of contributing federal political committee.	C	
Name of Employer Burnt Tavern Rehabilitation HealthCare	Occupation Vice President	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1952.70	[MEMO ITEM] *

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Andrew S Weisman</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 <b>Transaction ID : C1796500</b>
Mailing Address 5310 NW 35th Ave Ste 211		Amount of Each Receipt this Period 250.00
City Fort Lauderdale	State FL	Zip Code 33309-6314
FEC ID number of contributing federal political committee. C	Name of Employer NuVision Management	Occupation Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 972.98	<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>B. Barton D. Weisman</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 <b>Transaction ID : C1796501</b>
Mailing Address 5310 NW 33rd Ave Ste 211		Amount of Each Receipt this Period 250.00
City Ft Lauderdale	State FL	Zip Code 33309-6319
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Health Systems	Occupation Chairman
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2147.98	<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>C. Asztalos &amp; Associates LLC</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 <b>Transaction ID : C1796343</b>
Mailing Address 5013 Centennial Oak Cir		Amount of Each Receipt this Period 129.25
City Tallahassee	State FL	Zip Code 32308-5857
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 383.25	PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 57  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Robert Asztalos**

Mailing Address 5013 Centennial Oak Circle

City State Zip Code  
Tallahassee FL 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Asztalos & Associates President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
383.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

Transaction ID : **C1796499**

Amount of Each Receipt this Period  
129.25

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	83778.09

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Golden Horizons Care PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1250 H Street NW  
Suite 555

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00346346

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C1794145**

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. American Health Care Association</b>		Date of Receipt
Mailing Address 1201 L St. NW		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C1802508</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="297.53"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of Bank Fees
	<input type="text" value="12361.89"/>	

Full Name (Last, First, Middle Initial) <b>B. American Health Care Association</b>		Date of Receipt
Mailing Address 1201 L St. NW		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C1804334</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="975.51"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of Credit Card Processing Fees
	<input type="text" value="12361.89"/>	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1273.04"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1273.04"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2012

**Transaction ID : D135317**

Amount of Each Disbursement this Period

48.00

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2012

**Transaction ID : D135318**

Amount of Each Disbursement this Period

5.31

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D135320**

Amount of Each Disbursement this Period

160.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

213.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D135321**

Amount of Each Disbursement this Period

3.20

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : D135322**

Amount of Each Disbursement this Period

3.20

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

**Transaction ID : D135323**

Amount of Each Disbursement this Period

48.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

54.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2012

**Transaction ID : D135324**

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2012

**Transaction ID : D135325**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City Phoenix State AZ Zip Code 85072-3773

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2012

**Transaction ID : D135326**

Amount of Each Disbursement this Period

16.80

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

476.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BB&T Merchant Services**

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D135327**

Amount of Each Disbursement this Period

359.89

Full Name (Last, First, Middle Initial)

**B. BB&T Merchant Services**

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 16 / 2012

**Transaction ID : D135328**

Amount of Each Disbursement this Period

49.40

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2012

**Transaction ID : D135329**

Amount of Each Disbursement this Period

82.11

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

491.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	2

**Transaction ID : D135330**

Amount of Each Disbursement this Period

2	4	6	.	4	6
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Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	4	6	.	4	6
---	---	---	---	---	---

1	4	8	.	2	3	7
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Berkley for Senate**

Mailing Address 3069 Conquista Ct

City Las Vegas State NV Zip Code 89121-3866

Purpose of Disbursement  
Contribution

Candidate Name

**Shelley Berkley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

**Transaction ID : D135077**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BLUE DOG POLITICAL ACTION COMMITTEE**

Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

**Transaction ID : D134794**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Committee for Hispanic Causes/Building Our Leadership Diversity (BOLD) PAC**

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

**Transaction ID : D135085**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COUNTRY ROADS PAC**

Mailing Address PO Box 1387

City Charleston State WV Zip Code 25325-1387

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D135205**

Amount of Each Disbursement this Period

2500.00

**B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)**

Full Name (Last, First, Middle Initial)

Mailing Address 25 EAST MAIN STREET, SUITE 200

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2012

**Transaction ID : D134581**

Amount of Each Disbursement this Period

5000.00

**C. FOR AMERICAS REPUBLICAN MAJORITY PAC (FARM PAC)**

Full Name (Last, First, Middle Initial)

Mailing Address 675 N Washington St Ste 410

City Alexandria State VA Zip Code 22314-1939

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2012

**Transaction ID : D135199**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. NEW JERSEY DEMOCRATIC STATE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2012

Mailing Address 196 WEST STATE STREET

**Transaction ID : D135111**

City TRENTON State NJ Zip Code 08608

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. People for Derek Kilmer**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

Mailing Address PO BOX 1574

**Transaction ID : D135201**

City GIG HARBOR State WA Zip Code 98335

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name

Category/  
Type

**Derek Kilmer**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: WA District: 06

Full Name (Last, First, Middle Initial)

**C. ANN MARIE BUERKLE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

Mailing Address 3779 Underwood Way

**Transaction ID : D135203**

City Syracuse State NY Zip Code 13215

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name

Category/  
Type

**Rep. Ann Marie Buerkle**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NY District: 24

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RICHMOND FOR CONGRESS**

Mailing Address 1631 ELYSIAN FIELDS

City NEW ORLEANS State LA Zip Code 70126

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Cedric L. Richmond**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2012

**Transaction ID : D135253**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. Box 44369

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Voided Check of 2/13/2012

Candidate Name  
**Rep. Erik Paulsen**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

**Transaction ID : D135072**

Amount of Each Disbursement this Period

-2500.00
----------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. Box 44369

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Erik Paulsen**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

**Transaction ID : D135073**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JOHN LEWIS FOR CONGRESS**

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. John Lewis**

Office Sought:  House  
 Senate  
 President  
State: GA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

Transaction ID : D134791

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. KATHY HOCHUL FOR CONGRESS**

Mailing Address PO BOX 64

City BUFFALO State NY Zip Code 14231

Purpose of Disbursement  
Contribution

Candidate Name  
**REP. KATHLEEN COURTNEY HOCHUL**

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

Transaction ID : D134793

Amount of Each Disbursement this Period

2,000.00
----------

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

Transaction ID : D134789

Amount of Each Disbursement this Period

3,000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Marsha Blackburn**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

**Transaction ID : D134790**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SAM JOHNSON**

Mailing Address P.O. BOX 860096

City State Zip Code  
PLANO TX 75086

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Sam Johnson**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

**Transaction ID : D135204**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. LEVIN FOR CONGRESS**

Mailing Address PO Box 37

City State Zip Code  
Roseville MI 48066

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Sander M. Levin**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2012

**Transaction ID : D135254**

Amount of Each Disbursement this Period

4000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SANFORD D. BISHOP, JR. FOR CONGRESS**

Mailing Address P. O. Box 909

City State Zip Code  
Columbus GA 31902

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sanford D. Bishop Jr.**

Office Sought:  House  
 Senate  
 President  
State: GA District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

**Transaction ID : D134792**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. KING FOR CONGRESS**

Mailing Address 116 N Main St.

City State Zip Code  
Early IA 50535

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steve King**

Office Sought:  House  
 Senate  
 President  
State: IA District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

**Transaction ID : D135076**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. RHODE ISLAND HOPE PAC**

Mailing Address 607 14th Street NW  
Suite 800

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

**Transaction ID : D134795**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nebraskans for Kerrey**

Mailing Address PO Box 48520

City Omaha State NE Zip Code 68145

Purpose of Disbursement  
Contribution

Candidate Name  
**Robert Kerrey**

Office Sought:  House  
 Senate  
 President  
State: NE District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

**Transaction ID : D135081**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Nebraskans for Kerrey**

Mailing Address PO Box 48520

City Omaha State NE Zip Code 68145

Purpose of Disbursement  
Contribution

Candidate Name  
**Robert Kerrey**

Office Sought:  House  
 Senate  
 President  
State: NE District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2012

**Transaction ID : D135202**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Susan Brooks**

Mailing Address 9333 N Meridian St  
Ste 230

City Indianapolis State IN Zip Code 46260-1882

Purpose of Disbursement  
Contribution

Candidate Name  
**Susan Brooks**

Office Sought:  House  
 Senate  
 President  
State: IN District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

**Transaction ID : D135082**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TAMMY DUCKWORTH**

Mailing Address 1841 W HENDERSON, APT 2

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Contribution

Candidate Name  
**Tammy Duckworth**

Office Sought:  House  
 Senate  
 President  
State: IL District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2012

**Transaction ID : D135206**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Tuesday Group Political Action Committee**

Mailing Address PO Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2012

**Transaction ID : D135075**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7500.00
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75500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Don Greiner**

Mailing Address 4350 Will Rogers Pkwy  
Ste 350

City Oklahoma City State OK Zip Code 73108-1857

Purpose of Disbursement  
Refund of 2/2/2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D135106**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Morton**

Mailing Address 415 Rogers Avenue

City Fort Smith State AR Zip Code 72901-1903

Purpose of Disbursement  
Refund of 1/27/2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D135107**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Morton**

Mailing Address 415 Rogers Avenue

City Fort Smith State AR Zip Code 72901-1903

Purpose of Disbursement  
Refund of 4/16/2012 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D135108**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶